

Amendment I made on 6.29.11 – To the following sections:

The application package has been updated to correct a systematic error. Please disregard the previous application and download the new application package from www.grants.gov.

- In the “Content and Form of Application Submission” section, deleted second bullet under item number 3.
- The requested information is located in item number 4; Evaluation.
- Corrected a formatting error to return item number 5 heading; State Chronic Disease Prevention and Health Promotion Plan.
- Included Appendix B that is referenced in item number 11;
- Budget Justification and Narrative. Under the “Recipient Activities” section number 1 “Program Management and Leadership” on page 7, deleted “and implement” from the second sentence in the performance measurement paragraph.
- Added a website after **Key Dates** on the second for eligible applicants to access questions and answers for this funding opportunity announcement.
- Included on pages 14, 25 and 34 language on requirements for requesting Direct Assistance support for a Coordinated State Chronic Disease Prevention and Health Promotion program.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program

Announcement Type: 3-Supplement

Agency Funding Opportunity Number: CDC- RFA-DP09-9010301PPHF11

Catalog of Federal Domestic Assistance Number: 93.544

Key Dates: Application Deadline Date: July 22, 2011, 5:00pm Eastern Standard Time

Questions and answers for the funding opportunity announcement will posted and updated at the following website; : <http://www.cdc.gov/chronicdisease/about/foa.htm>

Executive Summary: CDC supports a variety of activities to improve the nation's health by preventing chronic diseases and their risk factors and promoting healthful behaviors. Program activities will address the top five leading chronic disease cause of death and disability (e.g. heart disease, cancer, stroke, diabetes and arthritis). Program activities include: supporting implementation of public health programs; public health surveillance; translation research; and developing tools and resources for stakeholders at the national, state, and community levels. This program announcement provides support to strengthen expertise in and coordination of chronic disease prevention and health promotion activities within state and territorial health departments to improve public health impacts and outcomes.

Measurable outcomes of the program will be in alignment with one (or more) of the following overarching performance objectives for the Nation Center for Chronic Disease Prevention and Health Promotion including:

- Chronic Disease Prevention:

- Reduce age adjusted mortality due to chronic diseases;
- Reduce prevalence of disabling chronic diseases;
- Health Promotion:
 - Improve quality of life and health outcomes by promoting environmental and policy changes pertaining to nutrition, physical activity, clinical preventive services related to chronic disease prevention, early detection and management
 - Promote education and management skills for those diagnosed with or at risk for chronic diseases.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority: This program is authorized under sections 4002 of the Affordable Care Act and 301(a) and 317(k) (2) of the Public Health Service Act (PHS Act), 42 U.S.C. 241(a) and 247b (k)(2).

Background

Chronic diseases – such as heart disease, cancer, stroke, diabetes, and arthritis – are among the most common, costly, and preventable health problems in the U.S.

- 7 out of 10 deaths among Americans each year are from chronic diseases. Heart

disease, cancer and stroke account for more than 50% of all deaths each year.

- In 2005, 133 million Americans – almost 1 of every 2 adults – had at least one chronic illness.
- About one-fourth of people with chronic conditions have one or more daily activity limitations.
- Arthritis is the most common cause of disability, with nearly 21 million Americans reporting activity limitations.
- Diabetes continues to be the leading cause of kidney failure, nontraumatic lower-extremity amputations, and blindness among adults, aged 20-74.
- Gestational Diabetes Mellitus affects 7% (20,000 per year) of all pregnancies; approximately half of affected mothers will go on to develop diabetes or related conditions. Obesity with pregnancy increases the risk of gestational diabetes mellitus, hypertension, cesarean delivery, birth trauma, preterm peripartum complications, and maternal mortality.
- Obesity has become a major health concern. One in every 3 adults is obese³ and almost 1 in 5 youth between the ages of 6 and 19 is obese.
- More than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans, and 23% report no leisure-time physical activity at all in the preceding month.
- In 2007, less than 22% of high school students⁹ and only 24% of adults¹⁰ reported eating 5 or more servings of fruits and vegetables per day.

- More than 43 million American adults (approximately 1 in 5) smoke and in 2007, 20% of high school students in the United States were current cigarette smokers.
- Prenatal smoking is associated with 5-8% of preterm deliveries, and 23-24% of deaths attributed to sudden infant death syndrome.

The Affordable Care Act through the Prevention and Public Health Fund (PPHF) provides an opportunity for CDC to fund Coordinated Chronic Disease Prevention and Health Promotion Grant Programs to support development or enhancement of State and Territory Health Department leadership, coordination, expertise and direction across targeted disease programs in a state's chronic disease portfolio. Successful grantees will create or update state chronic disease plans that incorporate coordinated approaches to program planning, implementation, and evaluation to achieve measurable outcomes for the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors. A total of \$38.7 million is available in FY 2011 from the Prevention and Public Health Fund (PPHF) of the Affordable Care Act to support these activities.

Purpose

The purpose of the program is to establish or strengthen Chronic Disease Prevention and Health Promotion Programs within State Health Departments, to provide leadership and coordination, support development, implementation and evaluation of CDC funded Chronic Disease Prevention and Health Promotion programs, focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, in order to increase efficiency and

impact of categorical diseases and risk factor prevention programs, including, but not limited to heart disease, cancer prevention and control, stroke, arthritis, diabetes, nutrition, physical activity and obesity. Applicants could include other inter-related conditions that share risk factors and intervention strategies that would benefit from coordinated, collaborative implementation with consolidated leadership and oversight proposed in this funding opportunity announcement to ensure achievement of outcomes, efficient use of resources, implementation of evidence-based interventions, and dissemination of best practices across programs that would have a direct impact on reducing the burden of chronic disease for the top five chronic disease leading causes of death.

The award recipients will be expected to establish or strengthen statewide Chronic Disease Prevention and Health Promotion activities in order to:

1. Provide leadership for chronic disease prevention and control,
2. Establish cross cutting policy, communications, epidemiology, surveillance and evaluation activities to support an array of categorical chronic disease programs,
3. Foster collaboration and efficient use of resources across existing or new categorical programs addressing chronic diseases and their associated risk factors,
4. Best position programs and resources to achieve population level change in proposed chronic disease and risk factor outcomes,
5. Identify specific population subgroups that suffer disproportionately from the conditions or risk factors being addressed,
6. Narrow the gaps in health status between these population subgroups and the population as a whole.

7. Work at the state and community levels, including in schools, worksites, child and adult care programs, and collaborate with transportation, agriculture and other sectors, and in the health care setting.

This program addresses the “Healthy People 2020” focus area(s) Obesity, Heart Disease and Stroke, Cancer, Arthritis, Diabetes, Nutrition and Weight Status and Physical Activity, available at <http://www.healthypeople.gov>.

Program Implementation

Recipient Activities

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

1. Program Management and Leadership

- Establish or retain staff sufficient to manage the planning, development, implementation, and evaluation of a coordinated chronic disease prevention and health promotion program across multiple categorical chronic disease prevention and health promotion programs within the state health department. Establish or maintain staff, contractors, and/or consultants sufficient in number and expertise to conduct public health policy, communications, evaluation, surveillance and epidemiology, health care system interventions, fiscal and resource management, professional development, strategic planning, and coalition and partnership development activities.

Performance will be measured by the establishment of strong, effective chronic disease leadership, including leadership in cross cutting skill areas such as policy,

communications, epidemiology and surveillance, community mobilization, and evaluation within six months of the award. Performance will be measured by evidence that a staffing and training plan is developed within two months of the award that includes specific milestones and describes specific functions to support a coordinated and collaborative approach to chronic disease prevention and health promotion in the areas described under Program Management and Leadership recipient activities.

2. Surveillance and Epidemiology

- Demonstrate the use of surveillance and epidemiology data and information to: identify and engage public health and programmatic needs (including descriptions of health disparities) and gaps;
- Plan, implement and evaluate chronic disease prevention and health promotion programs; document program impact;
- Educate the public and stakeholders regarding the burden of chronic diseases and their associated risk factors, and the impact of effective interventions;
- Enhance chronic disease program coordination and collaboration;
- Develop or update the state chronic disease prevention and health promotion plan; and,
- Identify public health and health care partners to accomplish targeted program objectives.

Performance will be measured by evidence of documented use of surveillance and epidemiology data to develop, implement and evaluate chronic disease prevention and health promotion objectives, educate the public and stakeholders, and demonstrated impact of program improvement.

3. Evaluation

- Evaluate measureable outcomes and monitor progress toward achievement of programmatic objectives and longer-term outcomes including specific chronic disease conditions and risk factor impact measures, using process, output, programmatic, epidemiology and surveillance data and information.

Performance will be measured by the establishment or enhancement and implementation of an evaluation to measure program outcomes and monitor program progress toward achievement of programmatic objectives and long term impact on specific chronic disease conditions and risk factors.

4. State Chronic Disease Prevention and Health Promotion Plan

- Develop or update and implement a realistic, practical and achievable state coordinated chronic disease prevention and health promotion plan that includes the following components:
 - a) Strategies to improve policies, environments, programs and infrastructure in order to achieve measureable improvements across the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors. Improvements in policy, environment, program and infrastructure should be implemented at the state and community levels, including in schools, worksites, child and adult care programs, transportation, agriculture and other sectors, and in the health care setting.
 - b) Measureable outcomes and a plan to monitor progress toward programmatic objectives and longer-term outcomes including specific chronic disease

conditions and risk factor impact measures, using process, output, programmatic, epidemiology and surveillance data and information.

- c) Clear strategy for engaging partners, stakeholders, coalitions and organizations in work to advance programmatic goals and achieve the work of the state chronic disease prevention and health promotion plan.
- d) Effective strategy for achieving and documenting population-wide improvements in health and reducing gaps in health status across population subgroups.

Performance will be measured by evidence of the existence and implementation of an achievable, practical statewide chronic disease prevention and health promotion strategic plan within four months of the award that includes effective strategies to improve policies, environments, programs and infrastructure to address a range of chronic diseases, conditions and risk factors; measureable outcomes and a plan to monitor progress toward programmatic objectives to achieve measureable program improvements; plans to engage partners and stakeholders; and is consistent with the stated objectives and outcomes described in the recipient activities state chronic disease prevention and health promotion plan above.

5. Organizational Structure

- Develop or enhance the state chronic disease prevention and health promotion organization structure to strengthen leadership, enhance coordination and collaboration across chronic disease prevention activities, improve efficiencies, share best practices across multiple program areas, and eliminate redundancies across all CDC-funded chronic disease prevention and health promotion

programs; and to support and strengthen, collaborative approaches to public health policy, communications, surveillance and epidemiology, evaluation, and community mobilization.

- Develop or expand expertise and training capacity in public health policy, environment, program, and infrastructure improvements at the state and community levels, including health policy, development and implementation of environmental improvements, structured lifestyle interventions and chronic disease self management, and healthcare systems improvements to strengthen delivery and use of chronic disease related clinical and other preventive services and effective chronic disease management.

Performance will be measured by evidence of the existence of a chronic disease prevention and health promotion organizational structure to improve efficiency, impact and performance within existing programs, enhance leadership, coordination and collaboration across chronic disease prevention activities, including policy, communications, epidemiology and evaluation, and community mobilization to achieve measureable impact for the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including tobacco.

6. Collaborative Processes

- Develop or enhance chronic disease prevention and health promotion collaborative processes across CDC funded chronic disease programs that include the components below:

- a) Coalition to extend the reach and impact of state programs, increase resources (including expertise) to strengthen state programs and enhance public health impact. The coalition should also undertake policy, communication, and community mobilization work to support state and communities in creating healthful environments;
- b) Linkages with health care systems, including the Medicaid program, Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), hospitals, provider groups, community-based wellness organizations, hospital and health plan associations, state education agencies, housing and transportation, to improve delivery of quality clinical preventive services and chronic disease management, including age-appropriate cancer screening, control of high blood pressure and high cholesterol, tobacco use cessation, management of diabetes, among others.

Performance will be measured by evidence of development or enhancement of chronic disease prevention and health promotion collaborative processes to enhance coordination and collaboration across chronic disease prevention activities; existence of statewide healthy communities coalition, expertise and training capacity in policy, systems and environmental interventions to improve health, and operational linkages to health care systems, including Medicaid, Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), hospitals, provider groups, hospital and health plan associations across, state education agencies, housing and transportation within six months of the award.

7. Communication

- Development and use of a communication plan to communicate to the public and stakeholders about the social and economic burden of chronic diseases, conditions and risk factors, the need for and impact of chronic disease prevention and health promotion interventions, and the reach and impact of these interventions across the state.
- Performance will be measured by evidence of the development and use of a chronic disease prevention and health promotion communication plan to inform the public and stakeholders about chronic disease prevention and health promotion burden, interventions and impact within four months of the award.

8. Policy

- Develop, strengthen or intensify efforts to implement policy strategies to increase the number, reach, quality and impact of statewide, local, and organizational policies that support health and healthful behaviors. Policies should be developed in collaboration with other governmental and non-governmental agencies and organizations that are able to utilize their resources or authority to implement the policies. The activities conducted to support accomplishment of this objective must be consistent with the Lobbying Restrictions identified in section VI. Award Administration Information (AR-12).
- Performance will be measured by evidence of an increase in expertise and capacity to implement interventions to increase the number, reach, quality and impact of chronic disease prevention and health promotion policies at all levels of the state within nine months of the award.

Direct Assistance Guidance

CDC is authorized by statute to use personnel, equipment, facilities, and other physical resources of the Agency and to permit appropriate entities and individuals to use the physical resources, if requested, to provide technical assistance and advice for the successful completion of grants and cooperative agreements. Direct assistance is provided in lieu of cash and is primarily used to support payroll and travel expenses of Federal employees detailed to recipients of grants and cooperative agreements and other CDC established mechanisms.

Should your agency require personnel, the desired program assignees during this budget period should be included in the budget and budget justification sections of your funding application. Direct Assistance Personnel costs will be based on published pay and allowances/reimbursement rates established by the Office of Personnel Management and the CDC's Human Resource Management Office. The value of personnel for the budget period will be deducted from the amount of financial assistance that would otherwise be made available to the recipient under the applicable allocation, formula, or other determination of award amount but will be deemed to be part of the award and to have been paid to the recipient.

Program personnel detailed to a recipient remain Federal employees and are subject to increases, adjustments, and any other benefits that would otherwise apply. Provision for changed costs will be negotiated with the recipient in advance as this may change the amount of financial assistance provided. Recipients will be instructed as to the process and timing for submitting travel authorizations and claims for reimbursement as well as other requests to incur costs or be reimbursed for costs related to personnel details.

CDC Activities

- Provide ongoing guidance, training, technical assistance and support in the following areas:
 - Leadership and management of a well coordinated chronic disease prevention and health promotion program;
 - Effective strategies and best practices to promote policy, environment, program and infrastructure interventions to improve health;
 - Development and use of chronic disease epidemiology and surveillance data, information, and reports for program planning, program improvement, program evaluation, and public and decision maker education;
 - Mentoring and best practices in organizing collaborative efforts across multiple programs addressing chronic diseases, conditions and risk factors;
 - Effective development and deployment of coalitions to extend the reach of chronic disease prevention and health promotion programs and advance chronic disease prevention and health promotion goals;
 - Strategies to work effectively with health care systems and organizations to improve delivery and use of clinical preventive services and chronic disease management;
 - Effective communication of chronic disease prevention and health promotion information.
 - Sharing of lessons learned from other NCCDPHP collaborative efforts

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. “CDC substantial involvement in this program appears in the Activities Section above”.

Award Mechanism: U58

Fiscal Year Funds: 2011

Approximate Current Fiscal Year Funding: \$ 38,724,500

Approximate Total Project Period Funding: \$ 129,271,000 (This amount is an Estimate, and is subject to availability of funds.) This includes direct and/or indirect costs.

Approximate Number of Awards: 53

Approximate Average Award: \$755,449 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.

Floor of Individual Award Range: See appendix A for total available funding range for each eligible applicant. The amount of the award will be based on the quality of the application as determined by the application review process. The level of funds identified, are funding ranges for the available funds determined.

Ceiling of Individual Award Range: None

Anticipated Award Date: September 15, 2011

Budget Period Length: 12 months

Project Period Length: 36 months

Throughout the project period, CDC’s commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in

the best interest of the Federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Limited Eligibility Justification

Eligible applicants that can apply for this funding opportunity are listed below:

Grantees currently funded under DP09-901 Collaborative Chronic Disease, Health

Promotion, and Surveillance Program Announcement: Tobacco

Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance

System, National Center for Chronic Disease Prevention and Health Promotion.

Eligibility is limited to States, District of Columbia and Territorial (Puerto Rico and

Virgin Islands) health departments or their Bona Fide Agent. State and Territorial health

departments or their Bona Fide Agent are uniquely qualified to define the chronic disease

problem throughout the State, to plan and direct Statewide prevention and control

strategies to reduce the burden of chronic diseases and associated risk factors, to provide

state coordination of partners, develop and lead statewide community strategies and

direct and oversee interventions within overarching State policies, communication and to

monitor critical aspects of a coordinated statewide chronic disease program.

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit

an application under the state eligibility in lieu of a state application. If applying as a

bona fide agent of a state health department, a legal, binding agreement from the state or

local government as documentation of the status is required. Attach with “Other

Attachment Forms” when submitting via www.grants.gov.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR. Your CCR registration must be updated annually.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the [US D&B D-U-N-S Number Request Form](#) or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it

has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Cost Sharing or Matching

There is no requirement for cost sharing or matching funds.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC

Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

A **Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A **Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages is 30: If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

1. Background and Need

- Describe current chronic disease prevention and health promotion activities underway at the state health department, including state, CDC, and other- funded activities. Describe efforts to foster coordination and collaborative approaches across these areas, with special attention to heart disease cancer, stroke, diabetes and arthritis, and associated risk factors (e.g. tobacco, nutrition and physical activity) and the organizational structure and leadership that support this effort.
 - a) Describe current chronic disease prevention and health promotion coordination and collaboration across categorical chronic disease programs.

- b) Describe the chronic disease burden for top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, outcome of health assessments conducted for nutrition, physical activity and youth health status; and the data sources used and year activities were conducted including efforts to identify and reduce health disparities focused efforts.
- c) Describe existing partnerships and statewide or local Healthy Community Coalitions and linkages with the Medicaid program, Federally Qualified Health Centers, Community Health Centers, hospitals, provider groups, community-based wellness organizations, hospital and health plan associations. Provide descriptions of public health policies, system and or environmental changes that were developed and implemented.

2. Program Management and Leadership

- Describe the existing and future program management and leadership that will be used to support development, implementation and evaluation of a coordinated and collaborative chronic disease prevention and health promotion program. Describe the staffing plan and quarterly milestones that will be followed to fully staff the management and leadership with qualified individuals. Describe the qualifications and experience of each individual and consistency with the management and leadership recipient activity.

3. Surveillance and Epidemiology Capacity

- Describe how surveillance and epidemiology data will be used to identify needs (inclusive of health disparity) and gaps, plan and implement programs and

document programmatic impact, enhance chronic disease prevention and health promotion program coordination and collaboration, develop or update the state chronic disease prevention and health promotion plan, identify public and private health care partners and to accomplish objectives and outcomes.

4. Evaluation:

- Describe an evaluation plan to evaluate measureable outcomes and monitor progress toward achievement of programmatic objectives and longer-term outcomes including specific chronic disease conditions and risk factor impact measures, using process, output, programmatic, epidemiology, and surveillance data and information.

5. State Chronic Disease Prevention and Health Promotion Plan

- Describe how the Statewide Chronic Disease Prevention and Health Promotion Plan will be developed or updated to implement a practical and achievable state chronic disease prevention and health promotion program focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis and their associated risk factors, including tobacco, nutrition, physical activity and obesity, and specific health impact measures. Include the following components:
 - a) Chronic Disease Capacity: activities should include surveillance and epidemiology, chronic disease leadership, expertise in public health policy, communication, healthy communities and working with health care systems.
 - b) Preventive Services and Chronic Disease Management activities should include development and implementation of: interventions with the health

care delivery system to improve delivery and use of clinical and other preventive services (e.g., control of high blood pressure) and chronic disease management to improve: age-appropriate cancer screening, blood pressure and cholesterol, hemoglobin A1c control, chronic disease management.

6. Organizational Structure

- Describe how the existing organizational structure or enhanced organizational structure will support chronic disease prevention and health promotion coordination and collaboration across CDC funded chronic disease programs.

7. Collaboration

- Describe how chronic disease prevention and control leadership and collaborative processes will strengthen chronic disease prevention capacity within the Chronic Disease Prevention Unit, and enhanced coordination and collaboration across CDC funded chronic disease programs.

a) Linkages with health care systems, including the Medicaid program, Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), hospitals, provider groups, community-based wellness organizations, hospital, health plan associations and new preventive health benefits through the expansion of the Affordable Care Act.

8. Communication

- Describe how the communication plan will be developed and used to communicate to the public and decision makers about chronic disease prevention and control burden, interventions, and impact.

9. Policy

- Describe how chronic disease prevention and health promotion policies and strategies will be developed to increase the number, reach, quality and impact of statewide, local, and organizational policies to support health and healthful behaviors. Describe the collaboration with other governmental and non-governmental agencies and organizations that are able to utilize their resources or authority to implement the policies will occur.

10. Categorical Program Activities

- Describe how existing CDC-funded chronic disease programs, including Obesity, Heart Disease and Stroke, Arthritis, Cancer Prevention and Control, and Diabetes, will be organized to foster collaboration, increase efficiency, and expand the use of evidence-based policy, system and environmental change strategies. Identify specific outcome objectives associated with these existing programs that will be established or strengthened, as a result of collaboration across program areas.

11. Budget Justification and Narrative

- Provide a one year budget consistent with the funding ranges for your state that is supported by a justification and narrative for each proposed activity in the application content section above. In addition, describe the fiscal management process and staff that will be used to manage the requested financial resources. See Appendix B for additional budget preparation guidance.
- Should your agency require personnel, the desired program assignees during this budget period should be included in the budget and budget justification sections

of your funding application. Please describe the activities to be conducted by the Federal assignee.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitae, Resumes, Organizational Charts, Letters of Support and indirect cost rate agreements.

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named:

- State two letter abbreviation document name (e.g., GA_ResumeSmith.pdf or GA_OrgChart.pdf)

No more than 5 appendices should be uploaded per application

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

Submission Dates and Times

This announcement is the application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: July 22, 2011, 5:00pm Eastern Standard Time.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local

governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Funds may not be used to support construction of fixed structures
- Reimbursement of pre-award costs is not allowed.
- No part of any appropriated funds used under this cooperative agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending or proposed before the Congress or any State or local legislature or city council

- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message

generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-

518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to GMO/GMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the Funding Opportunity Announcement CDC-RFA-DP09-9010301PPHF11. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Applications will be evaluated against the following criteria:

1. State Chronic Disease Prevention and Health Promotion Plan (20 points)

- The extent to which the applicant describes how a Statewide Chronic Disease Prevention and Health Promotion Plan will be developed and/or updated to implement a practical and achievable state chronic disease prevention and health promotion program that includes:
 - a) Strategies to improve policies, environments, programs and infrastructure to address top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including tobacco, nutrition, physical activity and obesity at the state and community levels, including schools, worksites, child and adult care programs, transportation, agriculture and other sectors, and in the health care setting. Applicants are not prohibited from including other program areas, which lead to the intended outcomes of reducing the burden of chronic disease for the top five leading causes of death and disability.
 - b) Clear strategy for engaging partners, stakeholders, coalitions and organizations in work to advance programmatic goals and achieve the work of the state chronic disease prevention plan.
 - c) Effective strategy for achieving and documenting population-wide improvements in health and reducing gaps in health status across population subgroups.

2. Program Management and Leadership (15 points)

- The extent to which the applicant describes how the existing or future program management and leadership that will be developed and

implemented to support development, implementation and evaluation of a coordinated and collaborative chronic disease prevention and health promotion program with specific quarterly staff milestones and a staffing plan within six months of the award.

3. Organizational Structure and Collaboration (20 points)

- The extent to which the applicant describes how the existing organizational structure or enhanced organizational structure will support chronic disease prevention and health promotion and supports coordination and collaboration across CDC funded chronic disease programs that include the components below:
 - a) Linkages with health care systems, including the Medicaid program, Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), hospitals, provider groups, community-based wellness organizations, hospital and health plan associations, as well as other sectors including state education agencies, housing and transportation.

4. Policy (5 points)

- The extent to which the applicant describes how chronic disease prevention and health promotion policies will be developed in collaboration with governmental and non-governmental organizations and used to increase the number, reach, quality and impact of statewide, local, and organizational policies to support health and healthy behaviors.

5. Communication (5 points)

- The extent to which the applicant describes how a communication plan will be developed and used to communicate to the public and decision makers about chronic disease prevention and health promotion burden, interventions, and impact.
6. Surveillance and Epidemiology Capacity (15 points)
- The extent to which the applicant describes how surveillance and epidemiology data will be used to identify needs (inclusive of health disparities) and gaps, plan, implement and evaluate programs and document programmatic impact, enhance chronic disease coordination and collaboration, develop or update state chronic disease plan, identify public and private care partners and to accomplish program objectives.
7. Evaluation (5 points)
- The extent to which the applicant described an evaluation plan to evaluate measureable outcomes and monitor progress toward achievement of programmatic objectives and longer-term outcomes including specific chronic disease conditions and risk factor impact measures, using process, output, programmatic, epidemiology and surveillance data and information.
8. Categorical Program Activities (10 points)
- The extent to which the applicant describes how program integration and establishment of effective chronic disease prevention programming will be achieved to strengthen leadership and foster collaboration across CDC- funded chronic disease activities, including Heart Disease and

Stroke, Cancer Prevention and Control, Diabetes and Arthritis, Nutrition and Physical Activity.

9. Background and Need (5 points)

- The extent to which the applicant describes the state chronic disease burden of top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, including subpopulation chronic disease burden related to health disparities.

10. Budget Justification and Narrative

- The extent to which the applicant provides a detailed budget and narrative justification that is linked to the proposed activities and provides a description of the fiscal management processes and resources that will manage the requested funds.
- Should your agency require personnel, the desired program assignees during this budget period should be included in the budget and budget justification sections of your funding application. Please describe the activities to be conducted by the Federal assignee.

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored)] Although the budget is not scored applicants should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Review and Selection Process

Review

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. Incomplete applications will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements. CDC program staff will also review the applications to determine adherence to the activities and content section of the funding opportunity announcements and will provide improvement recommendations to strengthen the proposed program approaches.

Selection

All approved applications will be funded based on the quality of the application as determined by the review process.

VI. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control
 Activities
- AR-14 Accounting System Requirements
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

- 1) information on executive compensation when not already reported through the Central Contractor Registry; and
- 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Annual progress report, due 90 days after the end of the budget period.
3. Financial Status Report* (SF 269) after the end of the budget period.
4. Final performance and Financial Status Reports*, no more than 90 days after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled “Agency Contacts”.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Elijah West, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

3005 Chamblee-Tucker Road, Mailstop K-45

Telephone: 770-488-4339

E-mail: ejw1@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Annella Higgins, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS K-45

Atlanta, GA 30341

Telephone: 770-488-4339

E-mail: ahiggins@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

VIII. Other Information

[INSERT any additional information (i.e., URL for CIO Web site, additional reference material, etc.).]

For additional information on reporting requirements, visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.